

REMARKS

Reconsideration of this application and allowance of the claims is respectfully requested.

The amendment to claims 1 and 7 are to more clearly express the invention of this application, and are clearly supported by the original disclosure.

The Examiner has rejected claims 1, 4, 5, and 11 as obvious and unpatentable over Chia et al. U.S. Patent No. 5,913,856.

As the Examiner points out, Fig. 3 of Chia et al. shows a catheter with a porous tip 15 and a ring electrode 16.

To the contrary, claim 1 of this application, as amended, calls for a linear electrode and a porous tip electrode, in which the linear electrode "... is continuous and axially elongated relative to its width ...". This is illustrated by Fig. 2 of this application, which discloses linear electrode 61, which clearly is continuous and axially elongated relative to its width, as called for in claim 1.

To the contrary, electrode 16 of Fig. 3 of Chia et al. is by no means a linear electrode. Indeed, it is called "band electrode" at column 5, line 50 of Chia et al. and elsewhere, having a length that is no more than its diameter.

The advantage of this invention is as described in the first complete paragraph of page 5 of the specification. By this invention, for the first time, a single ablation catheter is capable of making both linear lesions with the linear electrode, and focal (or spot) adhesions, making use of the tip electrode. To the contrary, in Chia et al. Fig. 3, tip electrode 15 and band electrode 16 are of similar lengths. In fact, tip electrode 15 is

significantly longer than band electrode 16. The same relationship holds true for the Chia et al. embodiment of Fig. 2.

Accordingly, it is clear that the Chia et al. disclosure does not teach a catheter which is capable of making both linear lesions and focal lesions, at the discretion of the cardiologist using the catheter. As such, it is submitted that claims 1, 4, 5 and 11 are clearly patentable over Chia et al.

The Examiner has rejected claim 6 as unpatentable over Chia et al. in view of McGuire et al. U.S. Patent No. 5,755,760. McGuire et al. is added to the combination for its teaching of a deflectable guiding catheter. However, this combination does not provide the disclosure which teaches the distinction of claim 1 of this application, from which claim 6 depends, over the cited prior art. Also, note that tip electrode 20 of McGuire et al. is a mapping electrode (col. 3, lines 51-52). Electrode 52 is also for similar use (col. 6, lines 7-10).

Thus, it is submitted that claim 6 is patentable.

The Examiner has rejected claim 13 as unpatentable over Chia et al. in view of McGuire et al. This claim is also dependent upon claim 1, and, as stated above, the combination of prior art references cited by the Examiner fail to provide a teaching of the distinguishing language of claim 1 as described above.

Claim 13 is also rejected as unpatentable over Chia et al. in view of Brucker U.S. Patent No. 5,643,197. Brucker et al. discloses an ablation catheter having (in Fig. 16) a porous or microporous mesh. Also, the catheter defines a tip structure which may include "... at least one attachable electrode useful for monitoring electrical potentials of the tissue, measuring cardiac signals and mapping to locate the tissue to be ablated."

(Brucker et al., column 5, lines 26-29). Thus, the tip is not an ablation electrode, and the Brucker et al. catheter is thus capable of ablation only through electrode 90, 91. Only one kind of lesion can be provided by the Brucker et al. catheter.

Thus, claim 13, which is dependent upon claim 1 and thus calls for a catheter capable of making two different kinds of lesions (focal and linear) is patentable, there being no teaching of such a catheter in the combination of the prior art.

The Examiner has rejected claims 7-10 as unpatentable over Chia et al. in view of Brucker et al. and further in view of McGuire et al.

What is missing from the combination of references raised by the Examiner is that claim 7 calls for an ablation catheter comprising a catheter tube having a first steering mechanism, and a guiding catheter in which the ablation catheter resides, with the guiding catheter having a second steering mechanism. See elements 55 and 17 for respectively the first and second steering mechanisms in the catheter arrangement disclosed in Fig. 1. See also particularly page 7, second paragraph and page 8, first complete paragraph. It is understood that an “articulating mechanism” is a “steering mechanism”. They are synonyms.

It is submitted that there is no teaching in any of the three cited references, whether considered alone or together, of an ablation catheter having a flexible plastic catheter tube which carries an electrode, and occupies the lumen of a guiding catheter, in which both the catheter tube and the guiding catheter have a separate steering mechanism.

In the absence of such teaching, it is submitted that claim 7 and its dependent claims are patentable.

In view of the above, allowance of the claims is respectfully requested.

Respectfully submitted,
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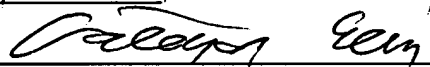


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